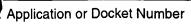


Effective October 1, 2000



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| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |               |                               |                               |                  |       | SMALL ENTITY TYPE   |                        |       | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|---|---|---------------|-------------------------------|-------------------------------|------------------|-------|---------------------|------------------------|-------|-------------------------------|------------------------|
| TOTAL CLAIMS   |   |   | 1.4           |                               |                               |                  |       | RATE                | FEE                    |       | RATE                          | FEE                    |
| FOR  |   |   | NUMBER FILED  |                               | NUMB                          | ER EXTRA         |       | BASIC FEE           | 355.00                 | OR    | BASIC FEE                     | · 710.00               |
| TOTAL CHARGEABLE CLAIMS  |   |   | )             |                               | *                             |                  |       | X\$ 9=              | ï                      | OR    | X\$18=                        |                        |
| IND  | EPENDENT CL   | AIMS                                      | 3 / minus 3 = |                               | *                             |                  |       | X40=                |                        | OR    | X80=                          |                        |
| MU   | LTIPLE DEPEN  | DENT CLAIM P                              | ESENT         |                               | •                             |                  |       | +135=               |                        | OR    | +270=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                       |   |   |               |                               |                               | !                | TOTAL | 356                 | OR                     | TOTAL |                               |                        |
| CLAIMS AS AMENDED - PART II  |   |   |               |                               |                               |                  |       |                     |                        |       | OTHER                         | THAN                   |
|  |   | (Column 1)                                | (Colun        |                               | mn 2)                         | nn 2) (Column 3) |       | SMALL E             | NTITY                  | OR    | SMALL                         | ENTITY                 |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                  | PRESENT<br>EXTRA | 3     | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus         | **                            |                               | =                |       | X\$ 9=              |                        | OR    | X\$18=                        |                        |
|  | Independent   | *   | Minus         | ***                           |                               | =                |       | X40=                |                        | OR    | X80=                          |                        |
| L  | FIRST PRESE   | NTATION OF M                              | JLIIPLE DEI   | PENDEN                        | CLAIM                         |                  | ]     | +135=               |                        | OR    | +270=                         |                        |
|  |   |   |               |                               |                               |                  | į     | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |               |                               |                               |                  |       |                     |                        |       | ADDIT: I EE                   |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus         | **                            |                               | =                |       | X\$ 9=              |                        | OR    | X\$18=                        |                        |
|  | Independent   | *<br>NTATION OF M                         | Minus         | ***                           | T OL ABA                      | =                |       | X40=                |                        | OR    | X80=                          |                        |
|  | PIRST PRESE   | NTATION OF MI                             | JLIIPLE DEI   | PENDEN                        | I CLAIIVI                     | <u></u>          |       | +135=               |                        | OR    | +270=                         |                        |
|  |   |   |               |                               |                               |                  |       | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE           |                        |
|  |   | (Column 1)                                | _             |                               | mn 2)                         | (Column 3)       | _     |                     |                        |       |                               |                        |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUN<br>PREVI                  | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus         | **                            |                               | =                |       | X\$ 9=              |                        | OR    | X\$18=                        |                        |
|  | Independent   | *   | Minus         | ***                           |                               | =                | ╽     | X40=                |                        | OR    | X80=                          |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDEN   |   |               |                               | IT CLAIM                      |                  | _     |                     |                        |       |                               | 1                      |
| +135=<br>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |               |                               |                               |                  |       |                     |                        | OR    | +270=                         |                        |
| **   | ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |               |                               |                               |                  |       |                     |                        |       |                               |                        |